

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10676031
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3				1		
4		2	1	2		
5	1		1			
6		1		1		
7				1		
8		0		1		
9		1		1		
10		1		1		
11		1		1		
12			1			
13				1		
14				1		
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50						
TOTAL IND.	2	1	3	1		
TOTAL DEP.	10		12			
TOTAL CLAIMS	12		15			

	IND	DEP	IND	DEP	IND	DEP
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52						
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TOTAL CLAIMS						